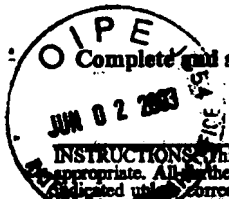


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
Commissioner for Patents
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Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated on the form. Corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for fee(s) notifications.

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7590

03/21/2003

FAY SHARPE BEALL FAGAN
 MINNICH & MCKEE
 1100 SUPERIOR AVENUE
 7TH FLOOR
 CLEVELAND, OH 44114

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Hilary M. McNULTY

(Depositor's name)

Hilary M. McNulty

(Signature)

May 30, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/101,601	09/14/1998	ADRIEN GALET	GSQ2017	9849

TITLE OF INVENTION: IMPROVEMENT TO AN ELECTROACOUSTIC COMMUNICATION DEVICE FOR USE ON PROTECTIVE HEADGEAR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	06/23/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, HUYEN D	2643	381-370000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FAY, SHARPE, FAGAN,
 2. MINNICH & MCKEE, LLP
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GALET SA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chatillon-Sur-Chaïronne, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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☐ Advance Order - # of Copies _____

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- ☒ A check in the amount of the fee(s) is enclosed.
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(Date)

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06/03/2003 CCHW2 00000019 09101601

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